

Grant Application Signature Page State of Kansas Department of Health and Environment

Grant Period: July 1, 2016 – June 30, 2017

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local application package.
Upload to Catalyst as an attachment on the Organization Summary Page.
All applications due March 15, 2016.

Applicant: (Name of Agency) Embrace of Wichita

Street Address/PO Box 1040 N. West St.
City Wichita Zip Code 67203

Name of Director Tim Quiggle

Primary Contact Tim Quiggle

Telephone of Primary Contact 316-945-9400

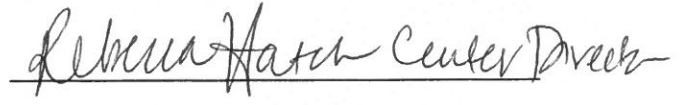
Signatures:



President/Chairman Local Board of Health or Board of Directors

Date: 12-21-16

Child Care Licensing Program	
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	
Maternal & Child Health	
Pregnancy Maintenance Initiative (PMI)	48,000
PREP	
Public Health Emergency Preparedness	
Ryan White	
Special Health Care Needs	
State Formula	
Teen Pregnancy Targeted Case Management	
WIC/ICP Collaborative	
Total Funds Requested:	48,000



Administrator/Director

Date: 12/21/16